

FACILITY EVALUATION REPORT

FACILITY NAME:	VETERANS HOME OF CALIFORNIA	FACILITY NUMBER:	280109377
ADMINISTRATOR:	VILLANTE, DEIRDRE	FACILITY TYPE:	740
ADDRESS:	TRUMAN HALL	TELEPHONE:	(707) 944-4870
CITY:	YOUNTVILLE	STATE: CA	ZIP CODE: 94599
CAPACITY:	48	CENSUS: 45	DATE: 08/20/2008
TYPE OF VISIT:	Annual/Required	UNANNOUNCED	TIME BEGAN: 01:00 PM
MET WITH:	Deirdre Villante		TIME COMPLETED: 04:00 PM

NARRATIVE

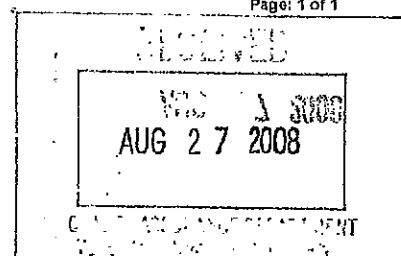
1 Unannounced annual visit. I initially met with Peter DiPasqua who is the compliance coordinator.
2
3 I met with Deirdre Villante who is the RCFE administrator of Section F. The current census is 45. The resident
4 rooms are all on the first floor. Two rooms were inspected. There are both private and double rooms.
5
6 Generally all residents handle their own medication. There are ten residents who have a medi set delivered to
7 their room on a weekly basis. The medi set is prepared by a nurse. All medication storage is at the ambulatory
8 care clinic.
9
10 Snacks are available 24 hours a day in the common area. All day areas and common areas were inspected. I
11 spoke with two residents who reported they enjoy the home and note no problems with the services they
12 receive in Section F. They report they are well treated and respected by all staff.
13
14 Hot water temperature is a 118 degrees.
15
16 I reviewed a sample of resident and employee files. All files are complete and up to date.
17
18 Fire extinguishers are checked monthly by the security staff. I checked one extinguisher which was fully
19 charged.
20
21 No hazards were observed in the building.
22
23 On this date and time the facility is in compliance with the licensing requirements.
24
25

SUPERVISOR'S NAME: Chris Hicks**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR NAME:** Gary Boehmer**TELEPHONE:** (707) 588-5026**LICENSING EVALUATOR SIGNATURE:****DATE:** 08/20/2008

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:**DATE:** 08/20/2008

This report must be available at Child Care and Group Home facilities for public review for 3 years.



FACILITY EVALUATION REPORT

REFER TO

See other side for explanation of form.

FACILITY NAME <i>Veterans Home</i>	DIRECTOR	FACILITY NUMBER <i>280169377</i>	FACILITY TYPE
ADDRESS	TELEPHONE ()	CAPACITY	CENSUS
		DATE <i>8/20/08</i>	
TYPE OF VISIT: <input type="checkbox"/> OFFICE <input type="checkbox"/> EVALUATION <input type="checkbox"/> MANAGEMENT <input type="checkbox"/> MET WITH		<input type="checkbox"/> ANNOUNCED	TIME VISIT BEGAN <i>1:00</i>
<input type="checkbox"/> PRELICENSING <input type="checkbox"/> ANNUAL <input type="checkbox"/> FOLLOW-UP		<input type="checkbox"/> UNANNOUNCED	TIME COMPLETED

DEFICIENCY INFORMATION FOR THIS PAGE:

- ☐ Type A
☐ Type B
☐ No Deficiency Cited

CIVIL PENALTY INFORMATION:

- ☐ Penalty Assessed ☐ Penalty Notice Given
☐ Penalty Cleared ☐ Not Applicable

COMMENTS/DEFICIENCIES	PLAN OF CORRECTIONS (POCs)	POC DUE DATE
Unannounced annual visit. I initially met with Peter D. Pasqua who is the compliance coordinator.		
I met with Deirdre Villante who is the RFE administrator of Section F. The current census is 45. The rooms resident rooms are all on the first floor. Two rooms were inspected.		
Generally all residents provide their own medication. There are few residents who have a med set delivered to their room on a weekly basis. A staff person takes responsibility for checking the medications. Medication storage is in the Ambulatory Care Clinic.		
Services are available 24 hours a day. All day areas were inspected. I spoke with two residents, both stated they enjoy the home and note no problems with the services they receive in Section F.		
Hot water temperature is 118°.		
I reviewed a sample of resident and employee files. All files are complete and up to date.		
No fire extinguishers are checked monthly by security.		
No hazards observed in the building.		
On this date and time the facility is in compliance with licensing requirements.		

Failure to correct the above cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a penalty assessment.

LICENSING EVALUATOR SIGNATURE <i>[Signature]</i>	TELEPHONE <i>702.588.5026</i>	DATE <i>8/20/08</i>	I understand my licensing appeal rights as explained on the back of this form.
NAME OF SUPERVISOR <i>Wayne Wilson</i>	TELEPHONE ()	FACILITY REPRESENTATIVE SIGNATURE <i>[Signature]</i>	DATE <i>8/20/08</i>